



**CITY OF BRISTOL, TENNESSEE  
EMERGENCY & HOUSING REHABILITATION PROGRAM APPLICATION  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

Date Application Received: _____
Date Application Processed: _____

Name of Interviewer: \_\_\_\_\_

Which program are you applying for? \_\_\_\_\_Emergency Repair OR \_\_\_\_\_Rehabilitation

**A. APPLICANT PERSONAL INFORMATION**

Head of Household: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Marital Status: \_\_\_\_\_Single \_\_\_\_\_Married \_\_\_\_\_Separated \_\_\_\_\_Divorced \_\_\_\_\_Widowed

Co-Applicant: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Children (List only if living with you)	Age	Sex	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does anyone in the household receive disability benefits? \_\_\_\_\_Yes \_\_\_\_\_No  
If yes, from government or private source? What is the nature of the condition? Can doctor verify?

\_\_\_\_\_

\_\_\_\_\_

Are either you or your spouse an employee of, or related to any individual who is an employee of, the local government or agency administering this grant? An "employee" includes elected and appointed officials, as well as full-time, part-time, and temporary employees. (Qualified applicants who answer yes to this question may still receive assistance.) \_\_\_\_\_Yes \_\_\_\_\_No  
If yes, please explain relationship. \_\_\_\_\_  
\_\_\_\_\_

**Summary of Household**

- 1. Number of Persons in Household \_\_\_\_\_
- 2. Number of Elderly Household Members (62+) \_\_\_\_\_
- 3. Number of Handicapped or Disabled \_\_\_\_\_
- 4. Female Headed Household \_\_\_\_\_
- 5. Number of Persons 18 years old or younger \_\_\_\_\_

**B. DWELLING STRUCTURE & HOMEOWNERSHIP**

- 1. \_\_\_\_\_Single Family House \_\_\_\_\_Duplex \_\_\_\_\_Other
- 2. Do you own this Home? \_\_\_\_\_
- 3. Is this your principal residence? \_\_\_\_Yes \_\_\_\_No
- 4. How long have you lived in this house? \_\_\_\_\_
- 5. Number of Bedrooms \_\_\_\_\_
- 6. Approximate year built \_\_\_\_\_
- 7. Property Value (dated) \_\_\_\_\_
- 8. Date first moved into unit \_\_\_\_\_
- 9. Water / Wastewater  
Public Sewer \_\_\_\_\_ Septic System (problems?) \_\_\_\_\_  
Public Water \_\_\_\_\_ Well Water \_\_\_\_\_ Other \_\_\_\_\_
- 10. Do you have homeowner's insurance? \_\_\_\_\_Yes \_\_\_\_\_No
- 11. Do you make a house payment? \_\_\_\_\_Yes \_\_\_\_\_No  
If yes, how much? \$\_\_\_\_\_
- Mortgage Company \_\_\_\_\_

12. Do you own any other properties? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If so, please list each by address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
13. This house is for sale now? \_\_\_\_\_
14. I/We intend to put the house up for sale within the next 5 years? \_\_\_\_ Yes \_\_\_\_ No
15. Have you ever had a bankruptcy of any kind? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If Yes, when? Type?
16. Have you ever lost a home through forfeiture or foreclosure? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If Yes, when?
17. Have you ever received assistance from this Housing Rehabilitation Program before?  
 If so, when?
18. What problems are you experiencing with your home?

**C. FAMILY INCOME CALCULATION**

1. Number in Household \_\_\_\_\_
2. Income Limits for Johnson City, Kingsport, Bristol MSA Dated \_\_\_\_\_  
 LMI Maximum \_\_\_\_\_
3. Payment Frequency:  
 \_\_\_\_\_ Hourly (hourly rate x number of hours per week)  
 \_\_\_\_\_ Weekly (weekly salary x 4.3 weeks per month)  
 \_\_\_\_\_ Bi-Monthly (24 times a year)  
 \_\_\_\_\_ Every two weeks (26 times a year)  
 \_\_\_\_\_ Monthly (12 times a year)  
 \_\_\_\_\_ Other (explain: \_\_\_\_\_)
4. Show income calculations to convert to annual gross income below:

**5. ASSETS**

Family Member	Asset Description (bank accounts, stocks/bonds, life insur, retire svgs,)	Current Market Value	Income from Assets
Total Net Family Assets		a.	
Total Actual Asset Income (as shown on statements)			b.
If line (a) is greater than \$5,000, multiply (a) by _____% (passbook rate) and enter result here; otherwise, leave blank			c.

**6. SUMMARY OF INCOME DATA (Anticipated income over the next year)**

Family Member	Wages/ Salaries	Other Benefits/ Pensions Income	Public Assistance	Other Income (explain)	TOTALS
TOTALS					a.

Assets Income - Enter greater of lines 5(b) or 5(c) above \_\_\_\_\_

Total Anticipated Income - 6(a) \_\_\_\_\_

**Annual Income** - Assets Income plus Total Anticipated Income \_\_\_\_\_

**E. VERIFICATION**

Income verified by \_\_\_\_\_ using:

(name of verifier)

- \_\_\_\_\_ Check Stub
- \_\_\_\_\_ Benefit Verification
- \_\_\_\_\_ Other Verification
- \_\_\_\_\_ Employer Verification Forms
- \_\_\_\_\_ Copy of Benefit Check

**F. FEDERAL DATA COLLECTION REQUIREMENTS**

Please complete the correct boxes that best describe your household.

**Ethnic Categories | Select One**

- Hispanic or Latino  
 Not-Hispanic or Latino

**Racial Categories | Select All that Apply**

- White  
 Black/African American  
 Black/African American/White  
 Asian  
 Asian/White  
 American Indian/Alaskan Native  
 American Indian/Alaskan Native & White  
 American Indian/Alaskan Native & Black African American  
 Native Hawaiian/Other Pacific Islander  
 Other Multi-racial

**Status | Select All that Apply**

- Disabled  
 Family (5 or More)  
 Female Head of Household  
 Male Head of Household

Please Remember- Attach all verification: of income, proof of ownership of your home, and all other back-up documentation/materials before sending in this application. When the eligibility process is complete you will receive written notification. Thank you for your cooperation.

**F. GRANT CONDITIONS**

1. Prove ownership of your home by providing a copy of the deed.
2. Provide proof of homeowner insurance.
3. Provide proof that property taxes are paid up to date.
4. Allow inspection by the Grantee of the property whenever the Grantee determines that such inspection is necessary.
5. Upon completion of the rehab, agree to maintain the property in a clean, neat and sanitary condition.
6. Have alternative housing during the time period of the rehabilitation project when the removal of lead-based paint hazards is necessary.
7. Permit the contractor to use, at no cost, reasonable existing utilities such as gas, water and electricity which are necessary to the performance and completion of the work.
8. Cooperate fully with the Grantee and the contractor to ensure that the rehabilitation work will be carried out promptly.
9. Possess the ability to maintain the condition of a rehabilitated home.

**G. APPLICANT CERTIFICATION STATEMENT and SIGNATURE**

To the best of my knowledge, I certify that the information in this application for federal assistance through the CDBG program is true and correct. I will comply with the CDBG program rules and regulations if assistance is approved. I also certify that I am aware that providing false information on the application can subject the individual signing such application to criminal sanction up to and including a Class B Felony.

**In applying to participate in the Program, I agree to:**

- 1) Provide the financial, title, and personal information necessary to enable the Program staff to determine my eligibility for Program assistance.
- 2) Allow a representative of the City of Bristol, Tennessee Office of Community Development Program to survey my home with me to help me determine the scope of work to make the necessary Housing Rehabilitations allowable or required under Program guidelines, and inspect the work as necessary upon completion.
- 3) Meet with Program Staff as requested to answer questions regarding my request for assistance, or the kinds of work to be done.
- 4) Carry out all of the obligations of the homeowner to include signing bid requests, contracts, homeowner acceptance forms, and other documents, and generally aiding and cooperating with contractor(s) and the Program staff to achieve efficient and timely completion of the work. I understand that if I do not cooperate or meet my responsibilities as outlined above, I may be declared ineligible for further assistance.
- 5) Allow all Housing Rehabilitation work funded through the Program in accordance with the guidelines and standards set forth in the Program's Contractor's Guide to be performed and impose this requirement on any contractors.

**In making this application, I understand that:**

- 1) I have voluntarily applied for assistance, and may withdraw from the Program at any time before signing contracts for the Housing Rehabilitations.
- 2) Any construction contracts will be between the contractor and me. Neither the Program Director nor the City of Bristol will be parties to such contracts. Program staff will assist in the management of the project to ensure program compliance and completion of work.
- 3) Before work can be done, I must meet all of the eligibility requirements of the Program as set forth by the policies and procedures.
- 4) Depending upon the kind of assistance I receive, there may be program restrictions on the kinds of improvements I can make to my home.

I have provided the information in this statement to determine my eligibility for the Housing Rehabilitation Program and I authorize the Community Development Program Staff to verify the information I have submitted by contacting credit reporting agencies, title companies, my employer and other persons I may list as references. I certify that the above information is true and correct as of today. I understand that if I have willfully misrepresented any information, I may be disqualified from participation in the Rehabilitation Program.

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Applicant

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Date

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Co-Applicant

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Date

**WRITTEN DIRECTIONS TO APPLICANT'S HOME:**

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